PART B - FEE(S) TRANSMITTAL omplete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE AUG 1 3 2007 Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 INSTRUCTIONS: 302 form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate All Where correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 24374 7590 05/11/2007 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. VOLPE AND KOENIG, P.C. DEPT. ICC UNITED PLAZA, SUITE 1600 30 SOUTH 17TH STREET Frederick Koenig III PHILADELPHIA, PA 19103 (Signature) 0 (Date) APPLICATION NO. **FILING DATE** FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO. 10/644,361 08/20/2003 Jaeyoung Kwak 1-2-0304.1US 6406 TITLE OF INVENTION: EFFICIENT JOINT DETECTION 08/14/2007 SFELEKE2 00000009 090435 10644361 01 FC:1501 1400.00 DA 02 FC:1504 300.00 DA APPLN, TYPE SMALL ENTITY **ISSUE FEE DUE** PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional \$1400 \$0 \$1400 \$1400 08/13/2007 **EXAMINER** ART UNIT **CLASS-SUBCLASS** PANWALKAR, VINEETA S 2611 375-147000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Volpe and Koenig, P.C. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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C. Frederick Koenig III Typed or printed name

Date

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29,662

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BARan to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known					
				Applicati	Application Number 10/64		644,361			
FEE TRANSMITTAL					Filing Date Augus					
For FY 2006				First Nar	First Named Inventor Kwak			k et al.		
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name Vinee			eta S. Panwalkar		
				Art Unit	2011					
TOTAL AMOUNT OF PAYMENT (\$) 1,712.00				Attorney	Attorney Docket No. I-2-0304.1US					
METHOD OF PAYMENT (check all that apply)										
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Deposit Account Deposit Account Number: 09-0435 Deposit Account Name: InterDigital Communications Corporation										
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BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES										
	FILI	NG FEES Small		ARCH FEES Small E		MINATIOI Small	N FEES Entity			
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Design	200	100) 100	50	13	0 6	55			
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2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)										
Each claim over 20 (including Reissues) 50 25										
Each independent claim over 3 (including Reissues)							200	100		
Multiple dependent claims							360	180		
Total Claims		Claims		ee Paid (\$)	ee Paid (\$) O			Multiple Dependent Claims		
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Signature		X a		(Attorney/A	_{jent)} 29,662		lelephone	^e 215-568-6400		
Name (Print/Type)	C. Frederick Koer	nig III					Date 8	5/10/17		

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